

STATE PLAN UNDER TITLE XIX OF SOCIAL SECURITY ACT  
State South Carolina

PROFESSIONAL AND MEDICAL SUPPORTING STAFF

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**BUREAU OF HEALTH SERVICES**

HHSFC MANAGER VI: Oversees the development, management and administration of the eligibility policies and the preventive, primary and acute care health services programs. Responsibilities include recommending and implementing policies, standards and procedures that impact on programs, services, and other governmental and private sector entities; supervising management staff; guiding, evaluating and motivating and establishing and maintaining an effective organizational structure. Match: 100% MED. ADMIN.

PROGRAM INFORMATION COORDINATOR I: Assists in developing, organizing and coordinating systems for providing program information for the Bureau of Health Services in the management and administration of the Medicaid program. Provides administrative assistance to Bureau Chief of Health Services in planning and directing routine administrative activities for a staff of professional and clerical personnel. Match: 100% MED. ADMIN.

ADMINISTRATIVE ASSISTANT I: To provide administrative management and support to the Bureau Chief and all divisions of the Bureau of Health Services; controller of Medicaid documents and written material for the divisions. Ensures that policy, procedures and regulations are distributed to appropriate staff and readily accessible to all agency staff as needed. Match: 100% MED. ADMIN.

**THE DIVISION OF PHARMACY SERVICES, DURABLE MEDICAL EQUIPMENT  
AND LEGISLATIVE LIAISON:**

MEDICAID DIVISION DIRECTOR: Independently manages and directs under limited supervision the Division of Pharmaceutical Services, Durable Medical Equipment and Legislative Liaison. Analysis and evaluates broad health and human issues, policy program development, budget forecasting and management, and briefs executive management on program, policy, legislative and regulatory issues. Match: 80%SPMP 20% MED. ADMIN.

MEDICAID DEPARTMENT HEAD II: Under general supervision of Director, plans, manages, and monitors pharmacy program activities (i.e., drug utilization review, drug rebate, and special authorization programs) in accordance State and Federal guidelines. Maximizes services consistent with available funding and develops innovative approaches to program services. Serves as contact person with provider groups and maintains knowledge of state and federal Medicaid regulations and guidelines as well as pharmacy regulations and practice trends. Represents department at state, regional, and national levels. Match: 10% MMIS 90% MED. ADMIN.

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PHARMACIST: Under general supervision of Department Head and Program Supervisor performs technical and professional tasks to maximize the pharmacy services program (i.e., formulation and development of polices, procedures and standards for program modifications) and assist with department responsibilities (i.e., rebate program, drug utilization review program, and special authorizations) resulting from the Omnibus Budget Reconciliation Act of 1990 (OBRA'90).

Match: .05% MMIS 80% SPMP .15% MED ADMIN.

MEDICAID DEPARTMENT HEAD I: Under general supervision plans, manages, and monitors activities of department in accordance with State and Federal guidelines. Maximizes services consistent with available funding and develops innovative approaches to program services. Match: 30% MMIS 70% MED. ADMIN

MEDICAID PROGRAM SUPERVISOR: Manages and directs activities for the administration of pharmacy services programs. Supervises professional staff in the development, implementation, and review revisions in health care policy. Department liaison committee representative, monitor's pricing information and other data effecting on-line changes to the drug file, and assistant to Department Head as required. Match: 100% MED. ADMIN.

MEDICAID POLICY ANALYST II (4): Serves as program representative to providers, other health professionals, and interested individuals. Disseminates policy, prepares and furnishes detailed instruction (i.e., bulletins, manuals, and claim information) to providers and others. Researches, analyzes, and responds to provider inquiries in areas of program problems and policy issues.

Match: 30% MMIS 10% FAM. PLAN. 60% MED. ADMIN.

ADMINISTRATIVE SPECIALIST C: Directs, coordinates, and supervises the operation of general administrative service functions (i.e., bookkeeping, purchasing and personnel) for division. Match: 50% MMIS 50% MED. ADMIN.

ADMINISTRATIVE SPECIALIST B: Independently performs a variety of advanced secretarial or administrative duties (i.e., telephones, correspondence, data entry, and performs related duties as required) as involved in the operation of an office, department or unit. Match: 100% MED. ADMIN.

#### THE DIVISION OF HOSPITAL CARE & PHYSICIAN SERVICES

HHSFC MANAGER III: Independently manages and directs under limited supervision the operations of the Division of Hospitals and Physician Services. To ensure efficient and effective administration of the Medicaid Program pertaining to hospital and physician services, including reimbursement, financing and budgeting. Match: 100% MED. ADMIN.

MEDICAID DEPARTMENT HEAD II (2): Manage and direct operations of the Department to ensure efficient and effective administration of the Medicaid Program. Develop innovative approaches to service delivery and health care financing; supervises and monitors all departmental activities.

Match: 15% MMIS 85% MED. ADMIN.

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MEDICAID PROGRAM SUPERVISOR (4): Under general supervision plans, coordinates and direct activities. Assists Department Head. Manages the daily operations. Monitors budgetary impacts. Match: 50% PASR 50% MED ADMIN.

MEDICAID PROGRAM SUPERVISOR (4): Under general supervision plans, coordinates and directs activities. Assists Department Head in planning program revisions, developing health care initiatives and monitoring budgetary impacts. Match: 50% PASR 50% MED. ADMIN.

MEDICAL SERVICES REVIEWER II (2): Daily management of assigned program(s). Provide policy and program assistance to providers. Ensure timeliness and accuracy of claims processing. Match: 20% MMIS 80% MED. ADMIN.

MEDICAID POLICY ANALYST II (11): Manages assigned physician specialties and other medical providers in accordance with Medicaid guidelines, enhancing health care services and delivery; serves as liaison, providing technical and educational assistance. Match: 30% MMIS 70% MED. ADMIN.

MEDICAID POLICY ANALYST I (2): Provides technical assistance to assigned providers, coordinating problem resolution related to claims processing and program policy. Match: 100% MED. ADMIN.

DATA COORDINATOR II: Manages statistical data for the department; develops, organizes and coordinates a broad range of program information for distribution both inside and outside the agency. Match: 20 MMIS, 80% MED. ADMIN.

DATA COORDINATOR I (2): Monitors claims for accuracy; researches and resolves edit codes to assist program staff; responds to provider inquiries and assists in department mail distribution and telephone coverage. Match: 20% MMIS 80% MED. ADMIN.

ADMINISTRATIVE SPECIALIST C: To direct and coordinate the operation of office administrative management functions for the Division of Hospital and Physician Services. To indirectly supervise and assist in training clerical support staff assigned to the departments and to provide administrative support for the Division Director. Match: 100% MED. ADMIN.

ADMINISTRATIVE SPECIALIST B (2): Performs administrative duties to assure the efficient operation of the department. Match: 100% MED. ADMIN.

THE DIVISION OF PRIMARY CARE

HHSFC MANAGER III: Independently manage and direct the programs and operation of the Division of Primary Care. To supervise the Department heads, to efficiently administer the Medicaid program and adapt federal and state regulations within budgetary restraints. Responsibilities include the analysis of broad health and human services issues, research, planning, policy development and implementation; budget analysis and financial management.  
Match: 100% MED. ADMIN.

MEDICAID DEPARTMENT HEAD II: Under general supervision, plan, manages and monitors the program and project activities of the department, to improve access to quality care and contain costs through statewide, regional and local programs.  
Match: .05% MMIS 85% SPMP 10% MED. ADMIN.

MEDICAID DEPARTMENT HEAD I: Plans, manages and monitors programs and projected activities of the department in order to improve access to quality care and to contain costs through statewide, regional and local rehabilitation.  
Match: 10% MMIS 90% MED. ADMIN.

MEDICAID PROGRAM MANAGER: (2) Under the supervision of the department head, supervise and manage . Increase access to care, maximize services and enhance federal financial participation, monitor contracts with other state agencies; and develop services as needed. Match: 30% MMIS 70% MED. ADMIN.

MEDICAID PROGRAM SUPERVISOR (5): Provides input and coordinates activities that support managed care program development as it relates to policy development, program design, reimbursement system and implementation.  
Match: 50% MMIS 50% MED. ADMIN.

PROJECT ADMINISTRATOR (2): Supervises department staff, participates in Quality Assurance reviews. Develops, implements and directs the administration of programs, provides input and coordinates activities that support program development as it relates to policy development, program design, reimbursement systems and implementation and manages special projects.  
Match: 30% MMIS 20% FAM. PLAN. 50% MED. ADMIN.

MEDICAID POLICY ANALYST II (4): Develops/manages policies and procedures for the administration of Medicaid programs and interagency coordination. Provides technical assistance to other agencies to facilitate program development and implementation. Match: 30% MMIS 10% FAM PLAN 60% MED. ADMIN.

MEDICAL SERVICES REVIEWER II (2): Manages contracts, resolves claims, participates in Quality Assurance reviews. Supervises statewide application of the Medicaid policy for designated specialty areas and maintain interactions with provider types involved in these areas. Maintains thorough understanding of the S.C. Medicaid policy in all related programs and in accordance with State and Federal guidelines. Match: 100% SPMP

MEDICAID POLICY ANALYST I (3): Provides technical assistance in developing requirements and reporting systems for monitoring expenditures and services utilization reporting, for the purpose of program evaluation and monitoring.  
Match: 40% MMIS 60% MED ADMIN.

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PROGRAM INFORMATION COORDINATOR I: Manages data for the department including reporting systems, recipient information, management of reports and data collections. Match: 25% MMIS 75% MED. ADMIN.

DATA MANAGEMENT & RESEARCH ANAL. I: Does claims adjustments for providers, edits resolution of suspended claims for Maternal and Child clinics and DHEC providers, maintains spreadsheets for current administrative contract budgets, monitors quality assurance, batching, and billing activities for the contracted risk assessment keyers. Match: 30% MMIS 70% MED. ADMIN.

DATA COORDINATOR I (2): Serves as data manager for Division and is primary liaison with Budgets, Procurement, Fiscal, Contracts, and BIRM regarding the management of the Contract Funding Approval and Purchase Requisition processes. Match: 20% MMIS 80% MED. ADMIN.

ADMINISTRATIVE SPECIALIST C: Serves as primary support for Division Director and special projects staff; maintains and posts all log letters, leave reports, travel reimbursements, EPMS/PD's for all departments in the Division. Match: 50% MMIS 50% MED. ADMIN.

ADMINISTRATIVE SPECIALIST B (2): Answers telephone, screens and routes calls, schedules appointments/meeting/calendar, maintains control of correspondence, types letters, reports, manuals, waiver applications etc. maintains and modifies department files. Match: 100% MED. ADMIN.

#### DIVISION OF PREVENTIVE CARE

MEDICAID DIVISION DIRECTOR: Manages activities related to planning, budgeting and the administration of the Dental, Vision Care, EPSDT and Transportation programs. Develops, distributes and implements comprehensive policies and procedures. Manages program budgets exceeding \$54 million dollars. Match: 80% SPMP 20% MED ADMIN.

MEDICAID DEPARTMENT HEAD I (2): Supervises and monitors/directs area programs. Develops program policies and procedures. Prepares budget recommendations and monitors expenditures. Oversees provider and contract monitoring and liaison activities. Acts as program representative for interagency committees, task forces and provider organizations. Match: 10% MMIS 90% MED. ADMIN.

MEDICAID PROGRAM MANAGER: Manages and monitors the Medicaid Dental, Optometric and Transportation Programs and activities. Plans activities to accomplish goals to improve the health status of Medicaid recipients by enhancing program efficiency and services within budget constraints. Supervises staff in the performance and daily operation of these programs. Match: 30% MMIS 70% MED ADMIN.

MEDICAL SERVICES SUPERVISOR: Supervises and directs (1) compliance reviews (presently conducted by one temporary position) of agencies contracted to perform EPSDT Program case management and outreach activities and (2) "Help Desk" and information processing functions of the EPSDT Data System. Directs planning, data collection, budgeting and policy and procedure development and implementation. Match: 100% MED ADMIN.

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MEDICAL SERVICES REVIEWER II: Develops EPSDT screening performance standards and monitors providers' patient records to ensure quality health care delivery and program compliance. Provides medical professional technical assistance and acts as a liaison to EPSDT screening providers regarding enrollment, program standards and payment of claims. Match: 20% MMIS 80% MED. ADMIN.

MEDICAID POLICY ANALYST I: Medicaid Policy Analyst II and I are the Provider Educational/Technical Assistant Staff: responsible for provider enrollment, training and correspondence; adjustments and check refunds; third party liability, retro eligibility and workshop/convention planning. Match: 60% MMIS 40% MED. ADMIN.

DATA COORDINATOR II: Position serves as the "Help Desk" liaison for county DSS and DHEC staff for problems and questions related to the EPSDT/Transportation Data System. Includes analysis and resolution of system related problems and analysis of system output. Assists in training of and providing technical assistance to county staff and develops, maintains and updates numerous technical and non-technical reports and graphs in support of all division programs and activities. Match: 20% MMIS 80% MED. ADMIN.

ADMINISTRATIVE SPECIALIST C: Performs duties and functions of Office Manager for the Division of Preventive Care. Selects, trains, plans, schedules and reviews clerical support staff in the performance of duties and provides direct administrative support for the Division Director and Department Heads. Match: 50% MMIS 50% MED. ADMIN.

ADMINISTRATIVE SPECIALIST B: Provides administrative support for the Division of Preventive Care. Main functions are to answer and distribute phone calls, handle incoming and outgoing mail and type correspondence. Match: 100% MED. ADMIN.

#### THE DIVISION OF ELIGIBILITY

HHSFC MANAGER III: Directs staff in policy and program development and implementation, research and planning, contract administration, monitoring and liaison activities. Match: 100% MED ADMIN.

MEDICAID DEPARTMENT HEAD I (2): Develops program implementation policies and procedures, reviews and comments on documents and training materials proposed by eligibility contractor, serves as a liaison with other agencies, contract monitoring, etc. Match: 30% MMIS 70% MED. ADMIN.

MEDICAL SERVICES SUPERVISOR: Provides policy clarification and information to community residents at large, manages several contracts for which the Division is responsible, reviews and approves expenditures for certain eligibles, assists in establishing certain claims related to income trusts, etc. Match: 100% MED. ADMIN.

MEDICAID POLICY ANALYST II (3): Monitors policy, provides clarification and information to the community residents, assists in establishing certain claims related to income trusts, prepares policy transmittals to the eligibility determination contractor, etc. Match: 10% MMIS 90% MED. ADMIN.

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MEDICAID POLICY ANALYST I: Assists in developing policies related to managed care. Assists certain agencies in establishing eligibility status of recipients. Develops and transmits policy to eligibility determination contractor.

Match: 100% MED. ADMIN.

ADMINISTRATIVE SPECIALIST C: Provides secretarial support for staff of the Division. Verifies Medicaid eligibility for providers, formats correspondence and other documents prepared within the Division, prepares mass mailings, etc.

Match: 100% MED. ADMIN.

DIVISION OF MEDICAID MANAGEMENT INFORMATION  
SYSTEM (MMIS) USER SERVICES

HHSFC MANAGER III: Directs the Division of Medicaid Management Information System (MMIS) User Services for the State Medicaid Programs information system.

Match: 30% MMIS, 70% MED. ADMIN.

HHSFC MANAGER I: Manages operations and activities for the Department of Medicaid Management Information System (MMIS) User Support and Internal Audit.

Match: 40% MMIS, 60% MED. ADMIN.

MEDICAID DEPARTMENT HEAD I: Administers and directs the Department of Medicaid Management Information System (MMIS) Support Systems in accordance with State and Federal regulations. Match: 35% MMIS, 65% MED. ADMIN.

MEDICAID PROGRAM MANAGER: Manages contract activities for the monitoring of the medicaid eligibility enrollment contractor's management information enrollment system. Serves on team to design, develop, test and implement new medicaid eligibility and enrollment system. Match: 25% MMIS, 75% MED. ADMIN.

MEDICAID POLICY ANALYST II: Manages, monitors and develops policies/procedures pertaining to Medicaid Management Information System (MMIS) Internal Audits and On Line Query Reporting. Match: 50% MMIS, 50% MED. ADMIN.

MEDICAID POLICY ANALYST I: Serves as Department's liaison for Medicaid Provider Enrollment. Directs certain data collection activities to ensure the Department's compliance with standards set forth in the System Performance Review. Match: 30% MMIS, 70% MED. ADMIN.

DATA COORDINATOR II: Serves as a liaison between Bureau of Information Resource Management and the Medicaid Management Information System users. Provides technical assistance in support of the system. Match: 50% MMIS, 50% MED. ADMIN.

ADMINISTRATIVE SPECIALIST C: Performs a variety of advanced secretarial and administrative duties with the Division of MMIS User Services.

Match: 100% MED. ADMIN.

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MEDICAL DIRECTOR

The Medical Director is a licensed physician who reports directly to the Deputy Director for Programs. The Medical Director provides overall advice and guidance regarding medical issues and policies for the Medicaid program. He also makes level of care decisions on complex cases for the Community Long Term Care Program. Match: 100% SPMP

BUREAU OF COMMUNITY SERVICES

HHSFC MANAGER VI: Administers statewide human services and health services programs, including the medicaid nursing home, home health and home and community based waiver programs. Match: 30% SSBG, 10% CCDBG, 60% MED. ADMIN.

CLTC DIVISION DIRECTOR: Provides direction and technical assistance in the development and implementation of medicaid long term care policies and programs.  
Match: 50% SPMP, 50% MED. ADMIN.

PROGRAM INFORMATION COORDINATOR I: Provides assistance to the Bureau of Community Services in routine administrative activities for a staff responsible for human services and medicaid long term care and home health programs.  
Match: 35% SSBG, 15% CCDBG, 50% MED. ADMIN.

EXECUTIVE SUPPORT SPECIALIST: Provides clerical support for the Bureau of Community Services which manages both human services and medicaid programs.  
Match: 60% SSBG, 10% CCDBG, 30% MED. ADMIN.

THE DIVISION OF COMMUNITY LONG TERM CARE

HHSFC MANAGER IV: Organizes, directs and administers the Community Long Term Care (CLTC) program. Responsibilities include the analysis and evaluation of long term care issues; research and planning; policy program development; budget forecasting and management; directing 11 area offices and briefing executive management on program, policy, and legislative and regulatory issues.  
Match: 100% MED. ADMIN.

HHSFC MANAGER II: Serves as Assistant Director of the CLTC Program and manages statewide operations and activities for 11 area offices. Plans, implements, and provides overall management for the area offices. Responsible for establishing, implementing, and interpreting policies and procedures as related to the CLTC Program. Match: 100% MED. ADMIN.

HHSFC MANAGER II: Develops and coordinates long term care planning, budgeting and research operations within CLTC, within the agency, and with other outside entities. Develops and analyzes long term care databases. Evaluates the special needs of long term care populations and develops innovative approaches and funding sources to meet needs. Match: 10% MMIS, 90% MED. ADMIN.

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MEDICAID DEPARTMENT HEAD II (11): Coordinates, manages, and directs multi-county health and social services programs in long term care involving the implementation and coordination of a system of services for long term care clients. Match: 42% MED. ADMIN., 58% CASMGT.

HHSFC MANAGER I: Manages staff and operations for Adult Protection Coordinating Council; coordinates activities of Long Term Care Committee; analyzes trends in long term care; conducts research and special projects. Match: 100% MED. ADMIN.

MEDICAID DEPARTMENT HEAD I: Manages unit responsible for planning, development and administration of special program waivers and for the development and administration of contracting, reimbursement and provider relations activity for all CLTC programs. Match: 10% MMIS, 90% MED. ADMIN.

MEDICAID DEPARTMENT HEAD I: Plans, manages, monitors and develops policy for CLTC program activities related to Pre-Admission Screening and PASARR; supervises and/or conducts program activities for level of care determinations, HIV/AIDS, Children's PCA, Adult Day Care Program, eligibility, and Palmetto Senior Care. Match: 20% MMIS, 80% MED. ADMIN.

MEDICAID PROGRAM SUPERVISOR: Supervises the administration of the Mental Retardation/Related Disabilities (MR/RD) and Head and Spinal Cord Injured (HASCI) Medicaid waivers for special populations served by the Department of Disabilities and Special Needs. Match: 20% MMIS, 80% MED. ADMIN.

SENIOR HUMAN SERVICES PROGRAM SPEC.: Conducts research, planning activities and develops new programs/waiver services for health and human services delivery systems; organizes and staffs multi-disciplinary groups. Match: 100% MED. ADMIN.

ADMINISTRATIVE PROGRAM ANALYST: Develops, administers and coordinates the Head and Spinal Cord Injured home and community based waiver and coordinates all waiver activity with DDSN. Match: 20% MMIS, 80% MED. ADMIN.

ADMINISTRATIVE PROGRAM ANALYST: Develops and maintains a system of contract development, provider recruitment and support as well as an ongoing analysis and review of all program services and rate structures for the Division of CLTC. Match: 20% MMIS, 80% MED. ADMIN.

ADMINISTRATIVE PROGRAM ANALYST: Develops and monitors an evaluation system for review and analysis of contracted providers with CLTC; coordinates DHEC compliance reviews with CLTC field offices, DHEC and providers. Match: 100% MED. ADMIN.

PROGRAMMER ANALYST II: Responsible for maintaining and coordinating CLTC Division and DIRM-related tasks for fifteen statewide CLTC offices. Match: 10% MMIS, 90% MED. ADMIN.

ADMINISTRATIVE PROGRAM ANALYST: Coordinates the activities of the Adult Protection Coordinating Council and all committees; implements special projects for the Council and Division; conducts research; prepares reports.  
Match: 100% MED. ADMIN.

ADMINISTRATIVE PROGRAM ANALYST: Develops and maintains the program's quality assurance process; analyzes quality assurance and corrective action efforts; plans and develops statewide orientation and training efforts.  
Match: 100% MED. ADMIN.

PROGRAM NURSE SPECIALIST II (11): Conducts all Pre-Admission Screening (PAS) for those persons seeking Medicaid-sponsored nursing home placement, community based waived services, and admission into Children's Personal Care Aide Program. Conducts all levels of PASARR activities. Trains and supervises other personnel in these activities. Match: 85% SPMP, 15% PASAR

MEDICAID POLICY ANALYST II: Develops and implements systems in support of the CLTC case management system (CMS); tailors system needs based on program policy; provides CMS technical support. Match: 10% MMIS, 90% MED. ADMIN.

CLTC PROGRAM CONSULTANT: Plans, implements, administers and directs projects or programs in the CLTC Program and service management contract(s). Performs general administrative functions for area offices related to budgets, fiscal management and personnel. Match: 100% MED. ADMIN.

CLTC PROGRAM CONSULTANT: Administers and directs the implementation of the CLTC HIV/AIDS waiver and serves as a technical consultant to CLTC staff on programmatic matters related to these waivers and Adult Day Care Program and other related programs. Match: 100% MED. ADMIN.

MEDICAL SERVICES REVIEWER II: Provides technical assistance to CLTC area staff in need of assistance during emergency situations. Administers the Children's PCA Program, providing technical assistance and training to area staff; provides technical assistance and training to area office staff on other program matters.  
Match: 100% SPMP

SOCIAL WORKER IV (11): Assists in the implementation of a system of case management for Medicaid eligible clients who are receiving community-based waived services. Trains and supervises other social work personnel in case management activities; performs direct case management activities.  
Match: 100% CASMGT

CLTC PROGRAM CONSULTANT: Provides technical assistance to CLTC area staff in need of assistance during emergency situations; assures continuity within area offices of case management, orientation of new staff, hands-on training, and overall program related efforts. Match: 100% MED. ADMIN.

SOCIAL WORKER III (37): Performs a variety of case management activities for Medicaid eligible clients who are receiving community-based waived services.  
Match: 100% CASMGT

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PUBLIC HEALTH NURSE (27): Performs pre-admission screening and PASARR activities for clients who are assessing community-based waived services or nursing home services. Match: 85% SPMP, 15% PASAR

ADMINISTRATIVE ASSISTANT I: Plans and directs complex administrative functions of Division personnel in maintaining records, purchasing supplies and equipment and preparing related records, reports and files. Match: 100% MED. ADMIN.

23 DATA MANAGEMENT & RESEARCH ANAL. I (9): Assists members of the CLTC nurse consultant team by performing pre-admission screening functions for Medicaid eligible clients who need long term care services. Serves as the area office liaison for the WAN and LAN activities. Match: 42% MED. ADMIN., 58% CASMGT

DATA MANAGEMENT & RESEARCH ANAL. I: Under general supervision of the Lead Team Supervisor assists members of the CLTC nurse consultant team by performing pre-admission screening functions for Medicaid eligible clients who need long term care services; serves as the area office liaison for the WAN and LAN activities; provides administrative support to nurse consultant staff. Match: 42% MED. ADMIN., 58% CASMGT

DATA MANAGEMENT & RESEARCH ANAL. I: Under general supervision of the Lead Team supervisor assists members of the CLTC Satellite Office by performing pre-admission screening functions for Medicaid eligible clients who need long term care services, provides technical support to the office assisting with a variety of office automation tasks, and serves as office manager for the office. Match: 42% MED. ADMIN., 58% CASMGT

ACCOUNTING TECH II (9): Provides technical support for the Case Management System (CMS), assists with a variety of office automation tasks, and represents the area office on statewide automation activities. Match: 100% CASMGT

ACCOUNTING TECH II: Under general supervision of the Lead Team Supervisor provides technical support for the Case Management System (CMS), assists with a variety of office automation tasks, represents the area office on statewide automation committee, provides administrative support to case management staff. Match: 100% CASMGT

ACCOUNTING TECH II: Under general supervision of the Lead Team Supervisor provides technical support for the Case Management System (CMS), assists with a variety of office automation tasks, and represents the area office on statewide automation committee. Match: 100% CASMGT

ACCOUNTING TECH II: Under general supervision of the Lead Team Supervisor provides technical support for the Case Management System (CMS), assists with a variety of office automation tasks, and represents the area office on statewide automation committee. Match: 100% CASMGT

EXECUTIVE SUPPORT SPECIALIST (9): Provides administrative support to all CLTC area office staff and serves as the WordPerfect software resource person for the area office. Match: 42% MED. ADMIN., 58% CASMGT

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EXECUTIVE SUPPORT SPECIALIST: Under the supervision of Lead Team and/or Area Administrator, provides administrative support to all CLTC area office staff and serves as the WordPerfect software resource person for the area office, serves as network GURU for area office. Match: 42% MED. ADMIN., 58% CASMG

EXECUTIVE SUPPORT SPECIALIST: Under the supervision of the Area Administrator, provides administrative support to all CLTC area office staff and serves as the WordPerfect software resource person for the area office.  
Match: 42% MED. ADMIN., 58% CASMG

DATA COORDINATOR I: Performs data coordination activity relative to enrollment for DDSN and PSC waivers; maintains database for above programs/clients; keys & maintains leave for CLTC and NH Divisions. Match: 25%MMIS, 75% MED. ADMIN.

ADMINISTRATIVE SPECIALIST B: Provides secretarial and administrative duties involved in the operations of the Field Management Department; provides technical assistance to area offices. Match: 100% MED. ADMIN.

1 POSITION: Assists in the implementation of a system of pre-admission screening and PASARR activities for clients who are assessing community-based waived services or nursing home services. Performs advanced care activities and assists with staff training. Match: 85% SPMP, 15% PASAR

ADMINISTRATIVE SPECIALIST B: Provides advanced secretarial or administrative duties for the department; provides support functions for program operations.  
Match: 100% MED. ADMIN.

#### DIVISION OF HOME HEALTH & NURSING FACILITIES

MEDICAID DIVISION DIRECTOR: Organizes, directs and administers a Medicaid Division. Responsibilities include analysis and evaluation of broad, complex health and human services issues; research and planning; policy and program development; financial management; liaison activities; administering personnel, budget, and day to day operations of the Division, and briefing executive management on related issues. Match: 100% MED. ADMIN.

PROJECT ADMINISTRATOR (3): Plans, implements, administers, and directs special projects or programs; conducts research and performs long range and short range planning; conducts liaison activities with and educational intervention workshops for services providers; represents the Division on tasks forces, planning groups, and committees for program planning and budgeting. Match: 100% MED. ADMIN.

PLANNER IV: Coordinates collection, organization, evaluation and presentation of data for long term care program planning; formulates, structures, and coordinates implementation of comprehensive plans, goals, and policies dealing with inter-intra governmental situations requiring action.  
Match: 100% MED. ADMIN.

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MEDICAID PROGRAM SUPERVISOR: Plans, coordinates, and directs program activities; provides guidance, supervision, and instruction to staff who are responsible for management and monitoring of Medicaid programs. Performs fiscal management, liaison activities, and systems coordination and utilization control functions.

Match: 20% MMIS, 80% MED. ADMIN.

MEDICAL SERVICES REVIEWER II: Provides medical consultation and technical assistance for appeals and hearings relative to continued medical care and/or payment denials. Match: 100% SPMP

MEDICAID POLICY ANALYST II: Receives, analyzes, and responds to inquiries from medical providers; analyzes on-line MMIS computer data, hard copy records, microfiche reports, etc. to identify problems and provide technical assistance; provides technical assistance and training to service providers on billing, claims filing and payment process; drafts, edits, and disseminates policy and procedural manuals, bulletins, forms, related to specified program areas.

Match: 20% MMIS, 80% MED. ADMIN.

ADMINISTRATIVE SPECIALIST C: Provides secretarial and clerical support for the Division. Activities include coordinating scheduling, calendaring, travel arrangements, meetings arrangements; maintaining files, correspondence logs, leave records; maintaining supply inventory; receiving, screening, and routing Division Director calls and division correspondence. Match: 100% MED. ADMIN.

#### BUREAU OF REIMBURSEMENT METHODOLOGY AND POLICY

Bureau Chief: Oversees the development and evaluation of reimbursement methodologies and policies of Medicaid, Social Services Block Grant, and Child Care and Development Block Grant providers which contract with the South Carolina Department of Health and Human Services. Provides leadership in the administration of the South Carolina Medicaid Disproportionate Share Payment Program. Match: 5% SSBG, 95% MED. ADMIN.

Reimbursement Analyst: Under general supervision performs desk audit and rate setting functions for Medicaid providers. Accumulates data for various analyses. Match: 100% MED. ADMIN.

#### Division of Long Term Care Reimbursements

Division Director: Under general supervision of the Bureau Chief, manages and directs the nursing facility and ICF/MR reimbursement programs for the South Carolina Department of Health and Human Services.

Match: 100% MED. ADMIN.

Reimbursement Supervisor (2): Under general supervision of the Division Director, manages the operations and activities pertaining to the desk audit and rate setting functions of nursing facilities and ICF/MR providers participating in the South Carolina Medicaid Program. Also manages the processing of accounts receivable/accounts payable resulting from interim cost report settlements and final audit reports. Match: 100% MED. ADMIN.

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Senior Reimbursement Analyst (2): Under general supervision of the Reimbursement Supervisor, performs the desk audit and rate setting functions for nursing facility and ICF/MR providers participating in the South Carolina Medicaid Program to ascertain compliance with federal regulations and agency policy.

Match: 100% MED. ADMIN.

Reimbursement Analyst: Under general supervision of the Senior Reimbursement Analyst, performs desk audit and rate setting functions for nursing facilities and ICF/MR providers participating in the South Carolina Medicaid Program. Accumulates data for various analyses. Match: 100% MED. ADMIN.

Administrative Specialist C: Provides clerical support for the Division of Long Term Care Reimbursements. Match: 100% MED. ADMIN.

#### Division of Ancillary Reimbursements

Division Director: Under general supervision of the Bureau Chief, manages and directs the Social Services Block Grant, Child Care and Development Block Grant, and the non-institutional Medicaid reimbursement programs for the South Carolina Department of Health and Human Services.

Match: 5% SSBG and 95% MED. ADMIN.

Director of Grant Development: Under general supervision of the Division Director, provides technical assistance, training, and management support to non-institutional Medicaid providers. Match: 100% MED. ADMIN.

Reimbursement Supervisor: Under general supervision of the Division Director, plans, implements, administers and directs special projects and programs relating to programmatic reimbursement of Social Services Block Grant providers and ancillary Medicaid providers.

Match: 5% SSBG and 95% MED. ADMIN.

Project Administrator: Under general supervision performs financial reviews of Social Services Block Grant and various non-institutional ancillary Medicaid providers' cost reports and budget proposals.

One matched at 5% Social Services Block Grant and 95% MED. ADMIN. one matched at 40% SSBG and 60% MED. ADMIN.

#### Division of Acute Care Reimbursements

Division Director: Under general supervision of the Bureau Chief, manages and directs the statewide inpatient hospital (which includes Disproportionate Share) and residential treatment facilities reimbursement activities for the South Carolina Medicaid Program. Match: 5% MMIS and 95% MED. ADMIN.

Reimbursement Supervisor: Under general supervision of the Division Director, manages the operations and activities pertaining to the desk audit and rate setting process for inpatient hospital providers (which includes Disproportionate Share) and residential treatment facilities.

Match: 25% MMIS and 75% MED. ADMIN.

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Senior Reimbursement Analyst: Under general supervision of the Reimbursement Supervisor, performs the desk audit and rate setting functions for inpatient hospitals (which includes Disproportionate Share) and residential treatment facilities participating in the South Carolina Medicaid Program to ascertain compliance with federal regulations and agency policy.  
Match: 100% MED. ADMIN.

Reimbursement Analyst: Under general supervision of the Senior Reimbursement Analyst, performs desk audit and rate setting functions for inpatient hospitals and residential treatment facilities in the South Carolina Medicaid Program. Accumulates data for various analyses. Match: 100% MED. ADMIN.

Administrative Specialist C: Provides clerical support for the Division of Acute Care Reimbursements. Match: 100% MED. ADMIN.

#### BUREAU OF INFORMATION RESOURCES MANAGEMENT

HHSFC MANAGER V: To direct and manage the information resources management function of the [Department] and the Medicaid Third Party Liability function, including responsibility for planning, policy and standard development, procurement, program management and operations.  
Match: 10% SSBG, 10% Child Supt., 35% MMIS, 45% MED. ADMIN.

SYSTEM MANAGER: To manage, direct, lead and co-ordinate the work of analysts, programmers, user area analysts in the analysis, design, development, testing and implementation of the [Departments] new automated data processing systems and major modifications to existing systems. Match: 50% SSBG, 50% MMIS

ADMINISTRATIVE ASSISTANT I: Provide administrative support to the Bureau Chief in directing and managing the operation, enhancement and maintenance of the State Medicaid Management Information System (MMIS) as well as the information resources of the agency. Match: 100% MED. ADMIN.

#### THIRD PARTY LIABILITY DIVISION

HHSFC MANAGER III: Under limited supervision administers and directs statewide Third Party Liability operations and activities at the Department of Health and Human Services. Match: 35% MMIS, 65% MED. ADMIN.

MEDICAID DEPARTMENT HEAD I (2): Under the general supervision of a Medicaid Division Director, plans, manages and monitors TPL Casualty and Estate Recovery program activities. Match: 50% MMIS, 50% MED. ADMIN.

MEDICAID POLICY ANALYST II (3): Under general supervision develops policies and procedures for the administration of the Medicaid program and provides technical assistance in the implementation of Third Party Liability Casualty programs. Match: 58% MMIS, 42% MED. ADMIN.

ASSISTANT PROJECT ADMINISTRATOR: Under general supervision assists in planning, implementing, administering and directing the Estate Recovery program for the Division of Third Party Liability. Match: 50% MMIS, 50% MED. ADMIN.

MEDICAID POLICY ANALYST I (4): Under general supervision, assists the Medicaid Policy Analyst II's in the development and dissemination of Medicaid Third Party Liability policies and procedures. Match: 69% MMIS, 31% MED. ADMIN.

DATA COORDINATOR I (2): Under general supervision coordinates data production and delivery schedules within a department; designs and modifies forms; provides user assistance and records maintenance. Match: 58% MMIS, 42% MED. ADMIN.

ADMINISTRATIVE SPECIALIST C: Directs, coordinates and/or supervises general administrative functions within a TPL department; develops, establishes, and supervises office procedures and practices for these and related functions. Match: 35% MMIS, 65% MED. ADMIN.

#### THE DIVISION OF TECHNICAL SUPPORT

SYSTEM MANAGER: With respect to Medicaid, has overall responsibility for the support, maintenance, and operation of the Medicaid Management Information System (MMIS). Coordinates agency and contracted technical resources with agency priorities. Acts as Division Director. Match: 10% SSBG, 10% CCDBG, 50% MMIS, 30% MED. ADMIN.

SENIOR SYSTEM ANALYST (2): Serves as Department Head, supervising technical staff in the support, maintenance, and operation of the MMIS. Assigns projects and meets with system users to define system requirements and to provide project coordination. Match: 15% SSBG, 15% CCDBG, 35% MMIS, 35% MED. ADMIN.

PROGRAMMER ANALYST III (6): Assist MMIS users in defining and documenting requirements for systems modifications. Coordinate with Clemson technical staff during development, testing, and implementation of MMIS changes. Provide ad hoc reporting capabilities. Match: 10% SSBG, 10% CCDBG, 67% MMIS, 13% MED. ADMIN.

PROGRAMMER ANALYST I: Approximately 50% of staff devoted to supporting administrative systems, including personnel, accounting, payroll, and medicaid-related systems. Match: 100% MED. ADMIN.

ADMINISTRATIVE SPECIALIST C: Provides administrative and clerical support to the Division. Match: 100% MED. ADMIN.

#### BUREAU OF MEDICAID PROGRAM ASSESSMENT

HHSFC MANAGER IV: Plans, organizes and directs the activities of the statewide provider/recipient surveillance and utilization review effort within the Bureau of Medicaid Program Assessment. Match: 50% MED. ADMIN. 50% SPMP

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Administrative Assistant I: Coordinates the office management duties of the Bureau. Provides administrative support to chief. Conducts REOMB Program. Match: 50% MED. ADMIN., 50% SPMP

Assistant Project Administrator: Coordinates identified recoupments with Bureau of Fiscal Affairs, drafts provider sanction letters for Agency head's signature, maintains bureau accounting files, compiles statistical reports and monitors bureau budget accounting files, compiles statistical reports and monitors bureau budget. Match: 50% MMIS, 50% MED. ADMIN.

#### DIVISION OF FRAUD AND INVESTIGATIONS BRANCH

HHSFC MANAGER II: Supervises and directs the overall activities of the preliminary fraud investigative unit. Directs the assignment, investigation and resolution of provider/recipient cases which contain allegations of fraud against the Medicaid Program. Certified law enforcement officer. Supervises one (1) Medicaid Program Manager. Match: 10% MMIS, 90% MED. ADMIN.

MEDICAID PROGRAM MANAGER: Conducts complex, sensitive preliminary investigations where fraud or serious abuse has been alleged. Cases are received by complaint or generated through SURS reviews. Certified law enforcement officer. Match: 10% MMIS, 90% MED. ADMIN.

#### DIVISION OF MEDICAL SERVICE REVIEW BRANCH

HHSFC MANAGER II: Supervises and directs the overall activities of the division which is staffed with skilled professional medical personnel (SPMP). These professionals are registered nurses who perform reviews on physicians, other medical specialties and recipients. Supervises one (1) department head, one (1) medicaid program manager and four(4) medical services reviewers. Match: 100% SPMP

MEDICAID DEPARTMENT HEAD: Supervises section SPMP Medical Services Reviewer staff in the surveillance and utilization review function to detect fraud and abuse in the program. Registered Nurse. Match: 100% SPMP

MEDICAID PROGRAM MANAGER: Conducts advanced level surveillance and utilization reviews of physicians, medical related specialties and recipients to determine accuracy, medical necessity, quality and appropriateness of care. Registered Nurse. Match: 100% SPMP

MEDICAL SERVICES REVIEWER I (3): Conducts surveillance and utilization reviews on physician and medical related specialties and recipients to determine accuracy, medical necessity, quality and appropriateness of care. Registered Nurse. Match: 100% SPMP

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DIVISION OF PROGRAM UTILIZATION BRANCH

HHSFC MANAGER II: Supervises and directs the overall activities of professional staff in the surveillance and utilization review of non physician providers and recipients. Supervises a program information coordinator, a data management and research analyst, an administrative specialist, a department head and four (4) medical services reviewers. Supervises the update and maintenance of the SURS Control File and the Health Care Utilization Program/LOCK-IN. Match: 80% MMIS, 20% MED. ADMIN.

MEDICAID DEPARTMENT HEAD I: Supervises section staff in the surveillance and utilization review of non physician related specialties to determine accuracy, medical necessity, quality and appropriateness of care and dental care providers and other program specialties. Registered Dental Hygienist. Match: 75% SPMP, 25% MMIS

ADMINISTRATIVE ASSISTANT C: Provides administrative and secretarial support to Division Directors, SPMP staff and professional review staff. Match: 75% SPMP, 25% MED. ADMIN.

PROGRAM INFORMATION COORDINATOR II: Maintains and updates the SURS Control File directly online in MMIS. Conducts quarterly SURS meetings to publish the provider/recipient processings and to accept revisions to the exception criteria/parameters. Maintains bureau case tracking system. Match: 80% MMIS, 20% MED. ADMIN.

DATA MANAGEMENT AND RESEARCH ANALYST II: Sorts and organizes data which is specifically requested by case review staff. Downloads SURS paid histories into the personal computer and orchestrates special reports which cannot normally be run by SURS. Performs recipient surveillance and utilization review to detect abuse and fraud. Match: 75% MMIS, 25% MED. ADMIN.

MEDICAID SERVICES REVIEWER II: Performs non physician provider/recipient surveillance and utilization reviews to monitor for accuracy, medical necessity, quality and appropriateness of services. Match: 75% MMIS, 25% MED. ADMIN.

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